

CITY OF WICHITA, OFFICE OF CENTRAL INSPECTION
7TH FLOOR, 455 NORTH MAIN, WICHITA, KANSAS 67202

APPLICATION FOR CONTRACTOR'S LICENSE

PLUMBING, GAS FITTING, DRAIN LAYING, LAWN IRRIGATION OR WATER CONDITIONING

All licenses expire December 31. No permits will be issued after December 31 unless license and certificate(s) of insurance are renewed. Any license not renewed by January 31st shall pay a penalty of 10% for each month thereafter.

**CURRENT CERTIFICATE OF INSURANCE FOR GENERAL LIABILITY, AUTO, AND WORKMAN'S COMP
MUST BE ON FILE. PLEASE CHECK WITH YOUR INSURANCE AGENT TO ENSURE THAT ALL
CERTIFICATES OF INSURANCE ARE ON FILE WITH THIS OFFICE.**

NEW _____

RENEWAL _____

License Fee: **\$100.00**

Certificate Fee: **\$20.00** biennial for each certificate

Certificates expire December 31st of each odd-number year.

NAME OF BUSINESS _____

BUSINESS ADDRESS _____ CITY _____

STATE _____ ZIP _____ - _____ TELEPHONE (____) _____

BUSINESS CONDUCTED AS: INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____ LLC _____

PERSONNEL OF BUSINESS:

NAME

OFFICE OR POSITION

MEMBERS IN ORGANIZATION HOLDING CERTIFICATES: (Please list **all** licenses and certificate number.)

NAME	MASTER	JNYMN	PC CERT#	DL CERT#	LI CERT#	WC CERT#	BUS LIC	EMAIL
EXAMPLE: John Doe	X		9876	8765	7654		1234-PC	johndoe@plumb.com

PERSON(S) AUTHORIZED TO OBTAIN PERMITS AND REQUEST INSPECTIONS:

NAME: _____

OFFICE OR POSITION: _____

NAME: _____

OFFICE OR POSITION: _____

NAME: _____

OFFICE OR POSITION: _____

NAME: _____

OFFICE OR POSITION: _____

LICENSE	FEE
PLUMBER	\$100.00
GAS FITTER	\$100.00

LICENSE	FEE
DRAIN LAYER	\$100.00
LAWN IRRIGATION	\$100.00

LICENSE	FEE
WATER CONDITIONING	\$100.00

If you hold Master Plumber License and Certificate, Gas Fitter, Drain Layer, Lawn Irrigation and/or Water Conditioning licenses are free.

(PLEASE COMPLETE BACK SIDE)

THE FOLLOWING MUST BE ANSWERED:

1. ARE THERE ANY LIENS, SUITS OR JUDGEMENTS NOW PENDING AGAINST YOU OR THE BUSINESS PARTY? _____
2. HAVE YOU OR THE ORGANIZATION FILED FOR BANKRUPTCY DURING THE PAST YEAR? _____
3. WHO IS FINANCIALLY RESPONSIBLE FOR THE BUSINESS? _____

List below the full name, title and address of individual owner, all partners or officers. Include the qualified person for corporate licenses when not an officer in the corporation:

NAME _____ POSITION _____
MASTER CERTIFICATE HOLDER

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ POSITION _____
OFFICER/PARTNER/CO-OWNER

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ POSITION _____
OFFICER/PARTNER/CO-OWNER

ADDRESS _____ CITY _____ STATE _____ ZIP _____

IN SUBMITTING THIS APPLICATION, it is understood that the applicant whose signature appears below as the qualified person agrees to comply with the provisions of all applicable codes pursuant to this application, fully realizing that it is necessary for at least one active member of a firm to have a current master certification, that it is unlawful for a licensee to allow his/her name or license to be used by another.

I (we) certify that the statements contained herein are true to the best of my (our) knowledge and belief. I (we) understand any falsification of information on this application is justification for cancellation and recall of the master certificate and/or license.

_____ MASTER CERTIFICATION HOLDER	_____ DATE	_____ OFFICER/PARTNER/CO-OWNER	_____ DATE
_____ OFFICER/PARTNER/CO-OWNER	_____ DATE	_____ OFFICER/PARTNER/CO-OWNER	_____ DATE

NOTE: An INDIVIDUAL must sign this application personally. A PARTNERSHIP application must be signed and acknowledged by each member. A CORPORATION application must be signed by an officer of the corporation legally authorized to sign corporation documents. The MASTER CERTIFICATE HOLDER must always sign.

OFFICE USE ONLY

_____ Issue the License _____ Refuse the License

Date: _____ Approved by: _____